

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JAN 2 1951		THE DIVISION OF HEALTH OF MISSOURI		STANDARD CERTIFICATE OF DEATH		State File No. 42766	
BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 10927	
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri			
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis 2159			
d. FULL NAME OF HOSPITAL OR INSTITUTION 4245a Beethoven				d. STREET ADDRESS (If rural, give location) 4245a Beethoven			
3. NAME OF DECEASED (Type or Print)		a. (First) Jacob		b. (Middle) Rohrbach		c. (Last) Rohrbach	
4. DATE OF DEATH		(Month) 12		(Day) 20		(Year) 50	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 5, 1900	
9. AGE (In years last birthday) 50		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beer-Bottler		10b. KIND OF BUSINESS OR INDUSTRY Anheuser Busch		11. BIRTHPLACE (State or foreign country) St. Louis, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Theodore Rohrbach		13b. MOTHER'S MAIDEN NAME Minnie Niemeyer		14. NAME OF HUSBAND OR WIFE Celia	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME Celia Rohrbach--4245a Beethoven			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4245a			
22. I hereby certify that I attended the deceased from 7-21, 1950, to 12-20, 1950, that I last saw the deceased alive on 12-18, 1950, and that death occurred at 7:40a m., from the causes and on the date stated above.							
23a. SIGNATURE Edwin J. Votaw M.D.				23b. ADDRESS 16 Houghton Village		23c. DATE SIGNED 12/21/50	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/23/50		24c. NAME OF CEMETERY OR CREMATORY Resurrection Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
DATE REC'D BY LOCAL REG. DEC 22 1950		REGISTRAR'S SIGNATURE J. B. Lancaster		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Heldrich		ADDRESS 3634 Gravois	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

working under my personal supervision.

Student Embalmer No.

Signed.....

Frank J. [Signature]

Signed.....
Student Embalmer

Licensed Embalmer No. *2675*

P. O. Address *[Signature]*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.